

Best Available Copy

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M-G		9/21/95
O.I.P.E. CLASSIFIER		61730	9/21/95
FORMALITY REVIEW	RD		9-24

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 - Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
Final Original	
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Claim	Date
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